| | | | | No. of Risk Factor/Interventions Violations | | | | | | N R | | | 2/2/17 | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------|-----------------|----------------|-----|
| CITY OF TITUSVILLE DEPARTMENT OF HEALTH | | | | No. of Repeat Risk Factor/Intervention/Violations | | | | | 1 | Time In / Out | 14. | 21 | <u>t</u> | |
| | | | | | | | | | · l | | | | | |
| tabii | shment | STCAZE | Location | | | | | | | Phor | ie . | | | |
| ense/Permit # Permit/Holder | | | Purpose of Inspection Est Type | | | | | Risk | Risk Category | | | | | |
| | | | | | | | | | 152 | 1 | 4127 | | | |
| | | | IE ILLNESS RISK F | | | | | HEAL | | | | 1/- D | | |
| IN | | ted compliance status (IN OUT = not in compliance | | | | | | cos = | Mark "X" in a corrected on-site | | ate box for COS i inspection $\mathbf{R} = i$ | | lation | n |
| | | Compliance Status | | COS | R | | | | Compliance S | Status | | | cos | F |
| | | emonstration of Kn | owledge | | | Potentially Hazardous Food Time/Temperature | | | | | | | | |
| | | | | | | 16 | | N/A N | | | e & temperatures | | | Г |
| L | IN OUT | Certification by accredited program, compliance with Code, or correct responses | | | | 17 | IN OUT | N/A N | /O Proper rehe | ating pr | oc for hot holding | 9 | | Ι |
| | | Employee Healt | h | | | 18 IN OUT N/A N/O Proper cooling time & temperatures | | | | | L | | | |
| <u> </u> | IN OUT | Management awareness | · · · · · · · · · · · · · · · · · · · | | | 19 | | N/A N | · · · · · · · · · · · · · · · · · · · | | | | | ╀ |
| 3 | IN OUT | Proper use of reporting, | | | | 20 | IN OUT | N/A N/A N | | Proper cold holding temperatures Proper date marking & disposition | | | | + |
| | IN OUT N/O | Good Hygienic Prace Proper eating, tasting, dri | | | | 21 | | N/A N | | | th control; proc 8 | k rec | | t |
| | IN OUT N/O | No discharge from eyes, | | | | | 2.1. 00 | . 4, 7 | , , , , , , , , , , , , , , , , , , , , | | , , | | | - |
| | | eventing Contaminatio | | | | Consumer Advisory | | | | | | | | |
| <u> </u> | IN OUT N/O | Hands clean & properly | washed | | | 23 | IN OUT | N/A | Consumer a | provided for raw | or | | | |
| , | IN OUT N/A N/O | No bare hand contact w | ith RTE foods or | | | | | | | ghly Susceptible Populations | | | | |
| 3 | IN OUT | Adequate handwashing facilities supplied | | | | 24 | IN OUT | N/A | A Pasteurized foods used; prohibited fo not offered | | | | | |
| | | Approved Sourc | es | | | | | | Che | emical | | | | |
|) | IN OUT | N OUT Food obtained from approved source | | | | 25 | IN OUT | N/A | | | oved & properly us | | | L |
| 0 | IN OUT N/A N/O | Food received at proper | temperature | | | 26 | IN OUT | N/A | Toxic substa used | Toxic substances properly identified, stored 8 used | | | | |
| 1 | IN OUT | Food in good condition, | safe & unadulterated | | | | Conformance with Approved Procedu | | | | | | | |
| 2 | IN OUT N/A N/O | Required records available: shellstock tags, | | | | 27 | IN OUT | N/A | Compliance process, & 1 | with va | riance, specialize | d | | |
| | | parasite destruction Protection from contai | mination | | | | | | process, a | iiAcci j | , an | | | _ |
| 3 | IN OUT N/A | | | | | Ris | k factors | are imp | roper practices or | procedu | res identified as | the most | preva | ale |
| 4 | | | ntributing | control | of foodborne illnes measures to preve | s or inju int foodl | ry. Public Health oorne illness or in | intervent ijury. | ions | ar | | | | |
| 5 | IN OUT | Proper disposition of ret served, reconditioned & | | | | | ************************************** | | | | | | | |
| ark ' | Go ' X" in box if num | ood Retail Practices are probered item is not in com | eventative measures to opliance Mark "X" in a | contro | I the a | dditio | ACTICE n of path COS and | oaens, c | hemicals and physicos corrected on Proper Us | i-site du | ring inspection | R =repea | t viola cos | - |
| 28 | Pasteu | rized eggs used where red | | | | 41 | Ir | -use ute | nsils: properly stor | | | | | I |
| 9 | | & ice from approved sour | | | | 42 | | | quip & linens: prop | | | | | 1 |
| 0 | Varian | Variance obtained for specialized processing methods | | | | 43 | | | & single-service ar ed properly | ticles: p | roperly stored & | usea | | + |
| 1 | Food Temperature Control Proper cooling methods used; adequate equipment for temperature control | | | | | | 0 | 10463 436 | Utensils, Equip | ment a | nd Vending | | | |
| 2 | | Plant food properly cooed for hot holding | | | | 45 | d | esigned, | od & non-food contact surfaces cleanable, properly signed, constructed & used | | | | | |
| 3 | ļ | pproved thawing methods used | | | | 46 | | | | | | | | + |
| 4 | Therm | ometers provided & accur Food Identificat | | | | 4/ | Non-food contact surfaces clean Physical Facilities | | | | | | | |
| 5 | Food properly labeled; original container | | | | | 48 | Н | ot & cold | l water available; a | | | | | Ī |
| | | Prevention of Food Contamination 49 | | | P | umbing i | installed; proper ba | ackflow | devices | | | + | | |
| 6 | | s, rodents & animals not p norized persons | resent; no | | | 50 Sewage & waste water properly disposed | | | | | | | | |
| • | | nination prevented during pr | ep, storage & display | | | 51 | | | ities: properly cons | | | | | I |
| | | nal cleanliness | | | | 52 | Garbage & refuse properly disposed; facilities maintained | | | | | | 1 | |
| 37 38 | | | | 1 | 1 | | | h. 10!! C | | -1 | d 0. dc | | | - 1 |
| 37 | Wiping | g cloths: properly used & s ng fruits & vegetables | tored | | | 53 | | | icilities installed, m ventilator & lightin | | | · I | | + |

| Inspector (Signature) _ | Wellen | | | Follow-up Date : | | | |
|-------------------------|----------|-----|--------|------------------|--|--|--|
| | APPROVED | NEW | RE-NEW | RE-INSPECT | | | |

| | | FOO | D ESTABLIS | HMENT IN | ISPECTION F | REPORT | | | | |
|--------------|--------------------------|----------------------------------------------------------------|-------------------------|-----------------------------------------|------------------|----------------------|--------------|---------------------|--|--|
| | F TITUSVIL TMENT OF I | LE | GREASE TRAP INSTALLEDYN | | | | Date 1) (7 | | | |
| Establishm | ent | | Address/City/St | ate/Zip Code | | | Phone | | | |
| • | | | TEMPE | RATURE OBS | | | | | | |
| Item/L | ocation | Temp | Item/Loca | | Temp | Item/Loc | ation | Temp | | |
| E C C (4) | 62 | 410 F | | | | | | | | |
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| | | | OBSERVATION | S AND COR | RECTIVE ACTION | S | | | | |
| Item | Violatio | ns cited in this report r | nust he corrected v | vithin the time | frames below or: | as stated in section | ne 8-405 | 11 of the food code | | |
| Number | CILON | | | | | | | l l | | |
| | 319 | Stopped respecting violations not l'dering previous insperton. | | | | | | | | |
| | COSTO | ton to a | ((WAJC | Secro 1 | usde. | | | | | |
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| Person in Cl | harge (Signa | ture) Kelle | MEN | mald | > | = | Date: | 2/2/17 | | |
| Inspector (S | | Q10000 | 2000 | | | | Date: (| .2121/17 | | |

Ont 38 16.